

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

LILLY CORPORATE CENTER

☐Check if different
than previously
reported. (ACC)

INDIANAPOLIS

IN

46285

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00082792

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☒

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2011

through

01

31

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

John Huesing

Signature of Treasurer

Electronically Filed by John Huesing

Date

02

16

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 17

Write or Type Committee Name

ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M M
0 1D D
0 1Y Y Y Y
2 0 1 1

To:

M M
0 1D D
3 1Y Y Y Y
2 0 1 1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2011		926945.53
(b) Cash on Hand at Beginning of Reporting Period	926945.53	
(c) Total Receipts (from Line 19)	94716.85	94716.85
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1021662.38	1021662.38
7. Total Disbursements (from Line 31)	61075.00	61075.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	960587.38	960587.38
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	1	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	1	3	1	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	7115.20	7115.20
(ii) Unitemized	87601.65	87601.65
(iii) TOTAL (add Lines 11(a)(i) and (ii)	94716.85	94716.85
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	94716.85	94716.85
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	94716.85	94716.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	94716.85	94716.85

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	250.00	250.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	250.00	250.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	62000.00	62000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	-1175.00	-1175.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	61075.00	61075.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	61075.00	61075.00	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	94716.85	94716.85
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	94716.85	94716.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	250.00	250.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	250.00	250.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 17

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr Derica W Rice

Mailing Address Lilly Corporate Center

City

Indianapolis

State

IN

Zip Code

46285-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eli Lilly and Company

Occupation

Exec VP-Global Services and CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	1

Transaction ID: PR1550150625435

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Mo-
nthly)**B.**

Full Name (Last, First, Middle Initial)

Alex M Azar

Mailing Address Lilly Corporate Center

City

Indianapolis

State

IN

Zip Code

46285-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eli Lilly and Company

Occupation

VP-Managed Hlthcare Svcs & Puerto Rico

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	1

Transaction ID: PR2203182825435

Amount of Each Receipt this Period

416.00

P/R Deduction (\$416.00 Mo-
nthly)**C.**

Full Name (Last, First, Middle Initial)

Barton R Peterson

Mailing Address Lilly Corporate Center

City

Indianapolis

State

IN

Zip Code

46285-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eli Lilly and Company

Occupation

Sr VP-Corporate Affairs/Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	1

Transaction ID: PR2405181825435

Amount of Each Receipt this Period

416.00

P/R Deduction (\$416.00 Mo-
nthly)

SUBTOTAL of Receipts This Page (optional)

1082.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 17

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr John B Quirk

Mailing Address 1815 Horseback Trail

City

Vienna

State

VA

Zip Code

22182-1813

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eli Lilly and Company

Occupation

Sr. Director-State Government Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

200.04

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: PR371877125435

Amount of Each Receipt this Period

200.04

P/R Deduction (\$200.04 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr Joseph B Kelley

Mailing Address Lilly Corporate Center

City

Indianapolis

State

IN

Zip Code

46285-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eli Lilly and Company

Occupation

VP-Government Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

343.34

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: PR371907525435

Amount of Each Receipt this Period

343.34

P/R Deduction (\$343.34 Monthly)

C.

Full Name (Last, First, Middle Initial)

Dr Frank M Deane

Mailing Address Lilly Corporate Center

City

Indianapolis

State

IN

Zip Code

46285-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eli Lilly and Company

Occupation

President-Manufacturing Operations

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: PR372019025435

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

793.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr Gino Santini

Mailing Address 1211 SW 49th Street

City

Cape Coral

State

FL

Zip Code

33914-7048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eli Lilly and Company

Occupation

Sr VP-Corp Strategy & Bus Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.96

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: PR372049925435

Amount of Each Receipt this Period

251.96

P/R Deduction (\$251.96 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr Thomas W Grein

Mailing Address Lilly Corporate Center

City

Indianapolis

State

IN

Zip Code

46285-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eli Lilly and Company

Occupation

Sr. Vice President-Finance-Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.56

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: PR372069225435

Amount of Each Receipt this Period

213.56

P/R Deduction (\$213.56 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr Peter J Johnson

Mailing Address Lilly Corporate Center

City

Indianapolis

State

IN

Zip Code

46285-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eli Lilly and Company

Occupation

Vice President-Corporate Strategy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.90

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: PR372116325435

Amount of Each Receipt this Period

243.90

P/R Deduction (\$243.90 Monthly)

SUBTOTAL of Receipts This Page (optional)

709.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr James E Audia

Mailing Address Lilly Corporate Center

City

Indianapolis

State

IN

Zip Code

46285-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eli Lilly and Company

Occupation

Distinguished Lilly Scholar

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.26

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: PR372336925435

Amount of Each Receipt this Period

274.26

P/R Deduction (\$274.26 Monthly)

B.

Full Name (Last, First, Middle Initial)

Dr Andrew M Dahlem

Mailing Address Lilly Corporate Center

City

Indianapolis

State

IN

Zip Code

46285-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eli Lilly and Company

Occupation

Vice President-LRL Operations/LRL Euro

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.54

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: PR372409525435

Amount of Each Receipt this Period

353.54

P/R Deduction (\$353.54 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr Michael C Heim

Mailing Address Lilly Corporate Center

City

Indianapolis

State

IN

Zip Code

46285-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eli Lilly and Company

Occupation

Sr Vice President-IT-CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: PR372442625435

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

877.80

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr Enrique A Conterno

Mailing Address Lilly Corporate Center

City

Indianapolis

State

IN

Zip Code

46285-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eli Lilly and Company

Occupation

Sr VP and Pres-Lilly Diabetes

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: PR372480225435

Amount of Each Receipt this Period

416.00

P/R Deduction (\$416.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr Newton F Crenshaw

Mailing Address Lilly Corporate Center

City

Indianapolis

State

IN

Zip Code

46285-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eli Lilly and Company

Occupation

VP-GB2P-Bio-Medicines & Corp Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

347.80

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: PR372601425435

Amount of Each Receipt this Period

347.80

P/R Deduction (\$347.80 Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms Elizabeth H Klimes

Mailing Address Lilly Corporate Center

City

Indianapolis

State

IN

Zip Code

46285-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eli Lilly and Company

Occupation

Vice President-Six Sigma

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: PR373754125435

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1013.80

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 17

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr Susan Mahony

Mailing Address Lilly Corporate Center

City

Indianapolis

State

IN

Zip Code

46285-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eli Lilly and Company

Occupation

Sr VP-Human Resources and Diversity

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: PR373922725435

Amount of Each Receipt this Period

416.00

P/R Deduction (\$416.00 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr Bryce D Carmine

Mailing Address Lilly Corporate Center

City

Indianapolis

State

IN

Zip Code

46285-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eli Lilly and Company

Occupation

Exec VP and Pres-Lilly Bio-Medicines

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: PR374114625435

Amount of Each Receipt this Period

416.00

P/R Deduction (\$416.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr Michael J Harrington

Mailing Address Lilly Corporate Center

City

Indianapolis

State

IN

Zip Code

46285-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eli Lilly and Company

Occupation

Vice President Deputy General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.66

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: PR374178625435

Amount of Each Receipt this Period

311.66

P/R Deduction (\$311.66 Monthly)

SUBTOTAL of Receipts This Page (optional)

1143.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr Aaron L Schacht

Mailing Address Lilly Corporate Center

City

Indianapolis

State

IN

Zip Code

46285-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eli Lilly and Company

Occupation

Exec Dir-Global External Research & De

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.66

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: PR374184125435

Amount of Each Receipt this Period

206.66

P/R Deduction (\$206.66 Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr Robert Allen Armitage

Mailing Address Lilly Corporate Center

City

Indianapolis

State

IN

Zip Code

46285-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eli Lilly and Company

Occupation

Sr Vice President-General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: PR374312725435

Amount of Each Receipt this Period

416.00

P/R Deduction (\$416.00 Monthly)

C.

Full Name (Last, First, Middle Initial)

Dr John C Lechleiter

Mailing Address Lilly Corporate Center

City

Indianapolis

State

IN

Zip Code

46285-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eli Lilly and Company

Occupation

Chairman of the Board/Pres/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: PR374440625435

Amount of Each Receipt this Period

416.00

P/R Deduction (\$416.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1038.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr John E Bonitt

Mailing Address Lilly Corporate Center

City

Indianapolis

State

IN

Zip Code

46285-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eli Lilly and Company

Occupation

VP-Federal Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.78

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: PR375033525435

Amount of Each Receipt this Period

252.78

P/R Deduction (\$252.78 Monthly)

B.

Full Name (Last, First, Middle Initial)

Dr Douglas K Kelsey

Mailing Address Lilly Corporate Center

City

Indianapolis

State

IN

Zip Code

46285-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eli Lilly and Company

Occupation

Medical Fellow

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.70

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: PR375084325435

Amount of Each Receipt this Period

203.70

P/R Deduction (\$203.70 Monthly)

SUBTOTAL of Receipts This Page (optional)

456.48

TOTAL This Period (last page this line number only)

7115.20

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 / 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Democratic Party of Arkansas	Transaction ID: 32830812 Date of Disbursement																				
Mailing Address 1300 West Capitol Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	2		2	0	1	1												
City Little Rock State AR Zip Code 72201	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Democratic Party of Arkansas	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Contribution																				

B. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	Transaction ID: 32830813 Date of Disbursement																				
Mailing Address 430 S Capitol Street SW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	2		2	0	1	1												
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">15000.00</td> </tr> </table>	15000.00																			
15000.00																					
Candidate Name Democratic Congressional Campaign Committee	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Contribution																				

C. Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee	Transaction ID: 32830814 Date of Disbursement																				
Mailing Address 120 Maryland Avenue, NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	2		2	0	1	1												
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">15000.00</td> </tr> </table>	15000.00																			
15000.00																					
Candidate Name Democratic Senatorial Campaign Committee	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Contribution																				

SUBTOTAL of Disbursements This Page (optional)

32000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 / 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

National Republican Congressional Committee

Mailing Address 320 1st Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name
National Republican Congressional Committee

011
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 32830815

Date of Disbursement

01 / 12 / 2011

Amount of Each Disbursement this Period

15000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

National Republican Senatorial Committee

Mailing Address 425 Second Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

Candidate Name
National Republican Senatorial Committee

011
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 32830821

Date of Disbursement

01 / 12 / 2011

Amount of Each Disbursement this Period

15000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

30000.00

TOTAL This Period (last page this line number only)

62000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 / 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Alabamians for Luther Strange, Inc.	Transaction ID: 32875247 Date of Disbursement																				
Mailing Address PO Box 3196	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	9		2	0	1	1												
City Montgomery State AL Zip Code 36109	Amount of Each Disbursement this Period																				
Purpose of Disbursement Debt Retirement	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Luther Strange	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ General Debt 2010	Debt Retirement																				
B. Full Name (Last, First, Middle Initial) Friends of Renee Kosel	Transaction ID: 32907974 Date of Disbursement																				
Mailing Address 1300 E. Francis Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City New Lenox State IL Zip Code 60451	Amount of Each Disbursement this Period																				
Purpose of Disbursement Void - Check Written 8/23/2010	<table border="1"> <tr> <td colspan="10">-500.00</td> </tr> </table>	-500.00																			
-500.00																					
Candidate Name Representa Renee Kosel	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 81 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void - Check Written 8/23- /2010																				
C. Full Name (Last, First, Middle Initial) Committee to Elect Sue Morano to State Senate	Transaction ID: 32907975 Date of Disbursement																				
Mailing Address 1131 Highland Park Boulevard	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City Lorain State OH Zip Code 44052	Amount of Each Disbursement this Period																				
Purpose of Disbursement Void - Check Written 9/15/2010	<table border="1"> <tr> <td colspan="10">-300.00</td> </tr> </table>	-300.00																			
-300.00																					
Candidate Name OH Sen. Susan Morano	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void - Check Written 9/15- /2010																				

SUBTOTAL of Disbursements This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 / 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ELI LILLY AND COMPANY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Roberto Alonzo Campaign

Mailing Address 400 South Zang #810

City Dallas State TX Zip Code 75208

Purpose of Disbursement
Void - Check Written 8/31/2010

Candidate Name
TX Rep. Roberto Alonzo

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 04

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 32907976

Date of Disbursement

01 / 28 / 2011

Amount of Each Disbursement this Period

-500.00

Void - Check Written 8/31-
/2010

B.

Full Name (Last, First, Middle Initial)

Tax Fighters for Anderson Senate 2010

Mailing Address 8130 La Mesa Blvd., Suite #202

City La Mesa State CA Zip Code 91941

Purpose of Disbursement
Void - Check Written 5/13/2010

Candidate Name
Joel Anderson

Office Sought: ☐ House
☒ Senate
☐ President

State: CA District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 32907977

Date of Disbursement

01 / 28 / 2011

Amount of Each Disbursement this Period

-1000.00

Void - Check Written 5/13-
/2010

SUBTOTAL of Disbursements This Page (optional)

-1500.00

TOTAL This Period (last page this line number only)

-1300.00